

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155298		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/08/2012	
NAME OF PROVIDER OR SUPPLIER  CAMBRIDGE MANOR NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/08/12</p> <p>Facility Number: 000195 Provider Number: 155298 AIM Number: 100267690</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Cambridge Manor Nursing &amp; Rehabilitation Center was found not in compliance with with 410 IAC 16.2-3.1-19(ff).</p> <p>This three story facility was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas not separated from the corridor. The facility does not have smoke detectors in resident sleeping rooms. The facility has a capacity of 135 and had a census of 67 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

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	<p>and was found not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached storage buildings providing facility services such as storage which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/10/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to install smoke detectors in 70 of 70 resident sleeping rooms before July 1, 2012. This deficient practice could affect 67 residents in the facility.</p> <p>Findings include:</p> <p>Based on observations with the</p>		K9999	<p>K9999: This serves as the allegations of compliance for Cambridge Health Care Center. Cambridge Health Care Center asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulation and our plan of actions. The staff of Cambridge Health Care Center is committed to delivering high quality healthcare to its residents to obtain their highest level of physical, mental and psychosocial functioning. We respectfully submit that Cambridge Health Care Center is in substantial compliance as set forth below, and we are confident that we will be found to be in substantial compliance with regulations upon resurvey. The statements made on the Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. Cambridge Health Care Center has completed the following interventions as a result of the findings from survey exiting on 8/8/12. *What corrective action will be accomplished for t hose residents found to have been affected by the deficiebt practice: *The facility will install smoke detectors in all resident</p>		09/07/2012	

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	<p>Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 1:50 p.m. on 08/08/12, a smoke detector was not installed in each of the 70 resident sleeping rooms in the facility. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged a smoke detector was not installed in any resident sleeping rooms in the facility.</p> <p>3.1-19(ff)</p>			<p>sleeping rooms. *How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: *All residents have the potential to be affected. *What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: *Smoke detectors have been ordered and will be installed by facility maintenance staff in all resident sleeping rooms. *How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place: *Smoke detectors will be installed in all sleeping rooms by 9/7/12. The smoke detectors and batteries will be checked, changed, cleaned and replaced according to regulation on going. The smoke detectors, battery check, cleaning, and replacement will be reviewed monthly at the facility QA&amp;A meeting for follow up to assure compliance. *By what date the systemic changes will be completed: *September 7, 2012</p>			